

Post-operative Instructions

Activity

- Walking several times a day is encouraged, as tolerated. You can go up and down stairs.
- You may shower. Let the water run over your incisions. Do not scrub the incisions. Gently pat the incisions dry.
- Do not soak in tub baths or swim until after your follow-up appointment.
- You can drive when you have not taken narcotics for 48 hours, and when you feel safe to do so.
- You should not insert anything in your vagina for 8 weeks. This includes tampons, douches, fingers, estrogen creams/tablets/rings. Use sanitary pads only. Do not have sexual intercourse. The incision at the top of the vaginal canal will be checked at your six week post-op appointment.
- You should avoid heavy exercise or heavy lifting
 - Do not lift more than 8 pounds for _____ weeks.
 - Refrain from intercourse, using tampons or douching for _____ weeks.
 - No running, jogging, core exercises, or cardio workouts for _____ weeks.

Wound Care

- You may notice a small amount of blood or clear fluid draining from your incision sites. This is normal and not a cause for concern.
- Do not apply any powders, lotions, alcohol or ointments to your incision sites.
- Gauze and tegaderm/tape covering your incisions should be removed 24 hours after your surgery. You will have steri-strips (small bandaid), or dermabond (special type of skin glue), which will be used to hold your incisions together as they heal. Steri-strips may fall off. This is normal. They do not need to be replaced. After 1 week, you may remove any remaining steri-strips. Dermabond will loosen from your skin as your incisions heal.

Vaginal Bleeding

- Right after your surgery you may have slight bleeding or spotting from the vagina. This may be dark brown to red in color and can last up to 8 weeks. This is normal. This bleeding may be continuous, or it may stop and restart. You may see an increase in bleeding as you increase your activity. You may also see an increase in vaginal discharge. Call the office if you are experiencing heavy vaginal bleeding.

Pain

- You can expect to have some pain at the incision sites. You may also have some deeper pelvic pain from the surgery. This pain should lessen over time. We recommend alternating Tylenol (acetaminophen) 1000mg and ibuprofen 600mg every 6 hours for pain. Narcotic pain medication (i.e. oxycodone, dilaudid) will be prescribed and should be used only when pain is not relieved by Tylenol (acetaminophen), ibuprofen, or other measures. Some narcotic pain medication is combined with Tylenol (acetaminophen). If this is the case, make sure you do not take more than 4g of Tylenol (acetaminophen) in 24 hours.
- During laparoscopic surgery, your belly is filled with carbon dioxide gas in order to help to see your organs clearly. It is common to experience shoulder pain as a result of gas still present in your belly. We recommend walking and using heating pads to help alleviate this discomfort. A hot water bottle to the abdomen may also help soothe gas pains. Simethicone (i.e. gas-x) may be purchased over the counter and can be taken up to four times a day for gas pain.



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Urination

- If you go home with a urinary catheter, call the office to schedule an appointment within 2-3 days to have catheter removed. If you go home with a plug instead of a leg bag, then you will need to empty your bladder every 2-3 hours. Make sure to wash hands prior to removing the plug and wipe plug with an alcohol pad before reinserting back into catheter. Cleanse the meatus around the catheter gently with warm water daily. You may shower with a catheter in place. If you do not go home with a catheter, you may notice changes in how you urinate post-operatively and may need to lean to the back or side to empty completely. Avoid bearing down to urinate. This will improve as you heal.

Diet

- There are no new restrictions to your diet. You may experience lack of appetite or nausea after surgery. Eat small amounts of bland foods (chicken broth, toast, crackers), and increase your diet as tolerated.

Bowel Function & Constipation

- You may not be able to move your bowels for 4-5 days after surgery. Be proactive about preventing constipation since straining to have a bowel movement can cause complications in your recovery. Start taking Colace (docusate sodium) 100mg, twice a day and Miralax (polyethylene glycol) once nightly immediately after your surgery. This will help prevent constipation. Eat foods high in fiber, and drink plenty of fluids. If you have not had a bowel movement and you are uncomfortable, you may increase stool softeners, or add Senna or Milk of Magnesia as directed. Narcotic pain medications cause constipation and should only be used as needed.

When to call your doctor:

- You have a fever of 100.4 or higher
- You have increasing pain not relieved with pain medications
- You have not had a bowel movement in 4-5 days
- You are having heavy vaginal bleeding (soaking through a full-size pad in 1 hour for 2 hours)
- You cannot eat or drink without vomiting
- Your incision becomes red, hot, swollen, painful or has a large amount of drainage
- You cannot empty your bladder or think you have a urinary tract infection
- You are experiencing any other symptoms that are concerning to you

You can reach the office at **617-354-5452** during regular business hours Monday through Friday 8am-4pm. Outside of these hours, call the same number and a doctor will be paged to speak with you. Always call 911 for emergencies, such as fainting, or near fainting.